## P06000035515

(Requestor's Name)	_
(Address)	_
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(City/State/Zip/Phone #)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
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**EXAMINER** 

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Dissolution of Corporation
DOCUMENT NUMBER: P06000035515
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Scott W Hallenbeck
(Name of Contact Person)
HNB Technologies, Inc.
(Firm/Company)
6545 Adams St
(Address)
New Port Richey, FL 34652-1901
(City/State and Zip Code)
For further information concerning this matter, please call:
Scott W Hallenbeck at ( 727 ) 843-8102
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)  Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	HNB Technologies, Inc.
SECOND:	The document number of the corporation (if known): P06000035515
THIRD:	The date dissolution was authorized: 03/01/2009
	Effective date of dissolution <u>if applicable:</u> 03/31/2009  (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	Dissolution was approved by the shareholders through voting groups.
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by  LECRETAR  APR 2:  APR 2:  The number of votes cast for dissolution was sufficient for approval by  LECRETAR  APR 2:  APR 3:  APR 3:  APR 3:  APR 4:  APR 4:
	(voting group)  VOE STATE ORIDA
	Signature:  (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	Scott W Hallenbeck
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Filing Fee: \$35